

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Melissa PowellTelephone: 864-985-3434Address: 131 APPIAN WAY

Fax: _____

Anderson, SC 29625

Other: _____

Email: mepowell8@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: April 11, 2022

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Coastal Tours Enterprises, Inc
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
4447 Hwy 17 Business Murrells Inlet, SC 29576
Street Address of Applicant
131 Appian Way Anderson, SC 29625
Mailing Address of Applicant (if different from street address)
864-985-3434
Phone Fax
mepowell8@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
International	1991 Bus	1HVBAZRP6MH386807	20,000	25

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Chevis Collins

Name of Applicant

131 Appian Way Anderson, SC 29625

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 350,000

Limits 100,000/350,000/100,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Berkshire Hathaway Homestead Companies

Name of Insurance Company

1314 Douglas Street, Suite #1300, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Coastal Tours Enterprises, Inc

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Chevis Collins

Applicant's Signature

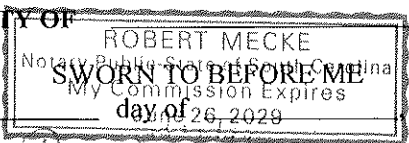
Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF)

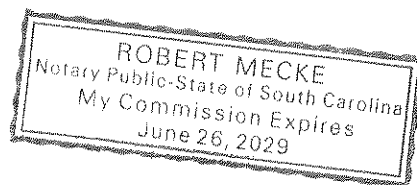
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20

Notary Public

Commission Expires



Detach, complete and remit **AFTER** your safety audit has been performed by State Transport Police.

Chevis Collins

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

Chevis Collins

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Chevis Collins

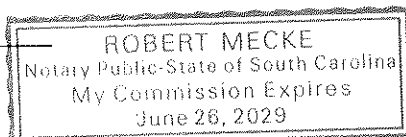
SWORN TO BEFORE ME

This _____ day of _____, 20____

Applicant's Signature

Notary Public

Commission Expires



Print Application



THE FLOYD LAW FIRM PC

attorneys & counselors at law

Dalton B. Floyd, Jr.* | Collin R. Jewell | William D. Pavy | T. Jarrett Bouchette ^
Patricia H. Anderson | Matthew Hurst ^ | Fatjon Cake | Bradley A. Floyd •

May 10, 2021

VIA: E-MAILED ONLY

Mr. Chevis D. Collins
131 Appian Way
Anderson, SC 29625

In Re: Coastal Tours Enterprises, Inc.

Dear Chevis:

This is to inform you that your above-captioned corporation is now filed with the Secretary of State for South Carolina commencing on May 10, 2021. You will be officially able to start business on as of this date. I am enclosing a copy of the filed Articles of Incorporation, SS-4 with tax id number and Certificate of Existence. Your tax advisor will also need a copy.

We will be notifying you when we have received the company records book and have prepared the Bylaws and organizational minutes for your corporation.

If you have any questions, please feel free to give me a call.

With best regards, I am

Very truly yours,

THE FLOYD LAW FIRM PC

Dalton B. Floyd, Jr.

DBFjr/fhh

Enclosures

www.floydflaw.com | www.golfllaw.com

15 Highway 17, South | Surfside Beach, SC 29575-6077 | P.O. Drawer 14607 | Surfside Beach, SC 29587-4607 | (843) 238-5141 | Fax (843) 238-9060

* Certified Mediator ^ Licensed in NC ^ Licensed in NC, UT • Of Counsel

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Coastal Tours Enterprises, Inc., a corporation duly organized under the laws of the State of South Carolina on May 10th, 2021, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 10th day
of May, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210510-1112134

Filing Date: 05/10/2021

May 10 2021

REFERENCE ID: 777604

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is:

Coastal Tours Enterprises, Inc.

2. The initial registered office of the corporation is:

131 Appian Way

(Street Address)

Anderson, South Carolina 29625

(City, State, Zip Code)

And the initial registered agent at such address is:

Chevis D. Collins

(Name)

I hereby consent to the appointment as registered agent of the corporation

(Agent's Signature)

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized Number of Each Class

_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (see Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) of its incorporation is _____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

May 10 2021

REFERENCE ID: 777604


SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Tours Enterprises, Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

See Exhibit "A" attached hereto.

6. The name, address and signature of each incorporator is as follows (only one incorporator is required):
a.

Chevis D. Collins

(Name)

131 Appian Way

(Address)

Anderson, South Carolina 29625

(City, State, Zip Code)

Chevis D. Collins

(Signature)

b.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

c.

(Name)

(Address)

(City, State, Zip Code)

(Signature)

CERTIFIED TO BE A TRUE AND CORRECT COPY
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May 10 2021

REFERENCE ID: 777604

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Tours Enterprises, Inc.

Name of Corporation

7. I, Dalton B. Floyd, Jr. an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related to the articles of incorporation.

Date: 05/10/2021

Name of Corporation:

Coastal Tours Enterprises, Inc.

Dalton B. Floyd, Jr.

Signature

Dalton B. Floyd, Jr.

Type or Print Name

P. O. Drawer 14607

(Street Address)

Surfside Beach, South Carolina 29587

(City, State, Zip Code)

843-238-5141

(Telephone Number)

CERTIFIED TO BE A TRUE AND CORRECT COPY
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May 10 2021

EXHIBIT "A"

REFERENCE ID: 777604

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ation On Transfer To Prevent Loss Of S Corporation

STATUS:

The corporation intends to or has made an election to be taxed as an S corporation. The shareholders having agreed to the following provisions, the company adopts the following resolution restricting the transfer, and directs that a legend be affixed to all share certificates warning of the restrictions on transfer of such shares. The following restriction on the transfer of shares shall be in addition, and supplementary to, the provisions of S.C. Code Ann. §§33-18-110 through 33-18-130 (or any succeeding statute of like tenor and effect) to the extent those sections are applicable to restrict the transfer of shares of this corporation:

RESOLVED: That at any time after the corporation has filed a subchapter S election (and prior to the company having filed a voluntary revocation of the election pursuant to Internal Revenue Code 1362(d) (1) of 1986, or any succeeding statute of like tenor and effect), no shares of the company shall be transferred either directly or indirectly, voluntarily or involuntarily, without the prior written determination of the board of directors, or by an attorney appointed by the board to give such an opinion, that the proposed transfer will not cause the subchapter S election to be terminated.

RESOLVED FURTHER: Upon making such election, all shares issued by the corporation shall have conspicuously noted on the front or back of the certificate the following statement:

"Coastal Tours Enterprises, Inc., and its shareholders have, or intend to file an election, that the corporation be taxed under the provision of subchapter "S" of the Internal Revenue Code. This subchapter limits the number and type of persons who may own shares of this company.

Therefore until such election is voluntarily revoked, none of the shares represented by this certificate may be transferred in any manner whatsoever (either voluntarily or involuntarily, directly or indirectly, by pledge, sale, gift, levy, devise, succession, or

CERTIFIED TO BE A TRUE AND CORRECT COPY
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May 10 2021 any other attempted method of transfer) without the
REFERENCE ID: 77606 or written consent of the board of directors or of
prior written consent of an attorney at law who is
jointed in writing by the board of directors of the
corporation to give such opinion, that such transfer
will not cause the subchapter S election to be
terminated. Any attempted transfer in violation of
this provision is void."

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

(B) "Prohibition on Issuing Shares Or Accepting Loans Which
Might Disqualify The Company From Being an S Corporation:

At any time after the corporation has filed an S
corporation election (and prior to the company having filed
a voluntary revocation of the election pursuant to Internal
Revenue Code 1362(d)91) of 1986, or of any succeeding
statute of like tenor and effect), the corporation shall
not (1) authorize any securities which will cause the
corporation to have classes that vary other than by voting
rights, nor (2) borrow money from any shareholder under
terms or conditions that would cause such borrowing to be
treated as an additional security or class of stock. Any
such attempted borrowing or authorization of a different
class of stock which violates the provision of the first
sentence of this Article #9(a), shall be void ad initio,
and shall not be deemed to be a security or obligation of
this company."

(C) Increased Vote to Revoke S Election

"Section 1362(d) (1) (B) I.R.C. states that an S corporation
election may be revoked "only if shareholders holding more
than one-half of the shares of stock of the corporation on
the day on which the revocation is made consent to the
revocation. Temporary Treasury Regulation 18.1362-3
"Revocation of Election" states in part that the
revocation:

"shall be made by the corporation by filing a
statement that the corporation revokes the election
made under section 1362(a) ... The statement shall be
signed by any person authorized to sign the return . .
."

These provisions authorize the corporation to impose
restrictions which will require more than a 51% vote of the
shareholders to effect a revocation of the company's status

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

May 18, 2021
REFERENCE ID: A77604
I, R. C. 1362(a), the corporation and shareholders shall not
illegally revoke such election pursuant to I.R.C.

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA
1362(a) (1) (B) (or any succeeding statute of like tenor and
effect), without the prior written consent of two-thirds
(2/3) of the outstanding shares at the time the revocation
is made. No shareholder shall attempt to file, and no
officer or director of the company shall file any notice of
revocation with the Internal Revenue Service unless and
until the required two-thirds (2/3) of the outstanding
shares agreed in writing to such revocation. Any such
attempted filing shall be void and of no effect and may be
enjoined in any proper court of law or administrative
tribunal.

All certificates for shares of the corporation, in addition
to any other legends that they are required to carry, shall
conspicuously state that "upon election to be taxed as an S
corporation pursuant to 1362(a) I.R.C., that such election
may not be revoked without the prior written consent of
two-thirds (2/3) of the outstanding shares of the company."

M-2904 (11/80)

Endorsement # 3

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, Physical Damage has been modified.

Veh #	Year	Make	Model	VIN	Old		
					Limit Stated Amt or ACV	S/C	Deduct
							Spec Causes of Loss/Comp Collision
1	1991	INTL	3700	1HVBZRP6MH386807	20,000	C	1000 1000

Veh #	New				Premium		
	Limit Stated Amt or ACV	S/C	Deduct		Old Physical Damage Premium	New Physical Damage Premium	Prorated Physical Damage Premium
			Spec Causes of Loss/Comp	Collision			
1	25,000	C	1000	1000	750	823	44
Subtotal					750	823	44

Additional Premium \$ 44

Return Premium \$

Pro-Rate Factor: .6050

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
Berkshire Hathaway Homestate Insurance Company	02 APM 026132 - 01
Named Insured	Endorsement Effective
COASTAL TOURS ENTERPRISES INC.	10/27/2021 12:01 AM
	Countersigned at
	by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)

M-2904 (11/80)

11/11/2021

Endorsement # 4

M-2904 (11/80)

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of a return premium shown below, the following coverages have been MODIFIED on the policy hereby modifying the Declarations page - M 5605 (02/ 2011).

Coverage	Old Limit	New Limit	Coverage	Old Limit	New Limit
Liability	1,000,000	350,000			
UM	1,000,000	100,000			
UIM	1,000,000	100,000			

Veh #	Year	Make	Model	VIN	Use	Old Annual Premium				
						Liab	UM	UIM	Med Pay	PIP
1	1991	INT'L	3700	1HVBZRP6MH386807	C	4,937	478*	714	108	
2	1991	INTERNATIONAL	BUS	1HVBZRP5MH386815	C	4,937	478*	714	108	

New Annual Premium						Prorated Premium					Subtotal by Vehicle
Veh #	Liab	UM	UIM	PIP	Med Pay	Liab	UM	UIM	PIP	Med Pay	
1	3,870	164*	244		108	-646	-190*	-284			-1,120
2	3,870	164*	244		108	-646	-190*	-284			-1,120
Subtotal						-1,292	-380	-568			

* UM Coverage includes UMPD

Additional Premium \$ _____

Pro-Rate Factor: 0.605

Return Premium \$ 2,240

All other terms, conditions and agreements remain unchanged.

Company Name Berkshire Hathaway Homestate Insurance Company	Policy Number 02 APM 026132 - 01
	Endorsement Effective 10/27/2021 12:01 AM
Named Insured COASTAL TOURS ENTERPRISES INC.	Countersigned at
	by _____ (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)

M-2904 (11/80)

11/12/2021

Endorsement # 4

M-2904 (11/80)

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.

It is agreed that the policy is changed as follows:

In consideration of a return premium shown below, the following coverages have been MODIFIED on the policy hereby modifying the Declarations page - M 5605 (02/ 2011).

Veh #	Year	Make	Model	VIN	Use		Old Annual Premium						
					Old	New	Comp	Spec Causes of Loss	Coll	In-tow	Cargo	Add'l Insd/ Lessor	Other
1	1991	INT'L	3700	1HVBAZRP6MH386807	C	C	Incl.		823				
2	1991	INTERNATIONAL	BUS	1HVBAZRP5MH386815	C	C	Incl.		823				

New Annual Premium							Prorated Premium						
Veh #	Add'l Insd	In-Tow	Cargo	Other	Physical Damage		Add'l Insd	In-Tow	Cargo	Other	Physical Damage		
					Spec/ Comp	Coll					Spec/ Comp	Coll	
1					Incl.	823							
2					Incl.	823							
Subtotal													

Additional Premium \$ _____

Pro-Rate Factor: 0.605

Return Premium \$ See Page 1

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
Berkshire Hathaway Homestate Insurance Company	02 APM 026132 - 01
	Endorsement Effective
	10/27/2021 12:01 AM
Named Insured	Countersigned at
COASTAL TOURS ENTERPRISES INC.	by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)

M-2904 (11/80)

11/12/2021